STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146059	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grove Health & Rehab Ctr, The	873 Grove Street Jacksonville, IL 62650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to prevent an accident during a full mechanical lift transfer in 1 of 5 residents (R3) reviewed for accident hazards in the sample of 9. This failure resulted in R3 sustaining fractures to the left distal fibula, right distal tibia, and right distal fibula.Findings Include:On 4/1/26 at 9:45 AM, R3 was observed in her wheelchair with bilateral ankle contractures and a right knee contracture. A full mechanical lift transfer was observed with V16, CNA (Certified Nursing Assistant), and V17, CNA, without incident. R3's Face Sheet, undated, documents R3 has the following diagnoses, in part: Dementia, Contractures of the Right Knee, Left Knee, Right Ankle and Left Ankle, Fracture of the Right Tibia and Left Fibula, History of Falling, and Disorders of Bone Density and Structure.R3's MDS (Minimum Data Set), dated 3/4/25, documents R3 has severe cognitive impairment and is dependent on staff for ADLs (Activities of Daily Living). R3's Care Plan, dated 6/23/24, documents R3 has an ADL self-care performance deficit and requires a full mechanical lift with two staff for transfers. R3's Care Plan, dated 5/27/25, documents R3 has an alteration in musculoskeletal status related to a fracture of the right distal tibia, the left distal fibula, and osteopenia.R3's Progress Note, dated 5/23/25 at 9:29 PM, documents the following: Resident's leg caught on the (full mechanical lift) during transfer causing 3 skin tears and [NAME] scratches to right shin, area cleansed, and TAO (Triple Antibiotic Ointment) applied, MD (Medical Doctor) updated per fax, husband updated per phone call, on-call updated.R3's Progress Note, dated 5/26/25 4:09 AM, documents the following: CNA reported when changing resident's socks, light blue bruising near resident's ankle but more on top of foot with bruising scattered down to right great toe, slight swelling in this area, tender to touch, noted leg was caught on (full mechanical lift) causing skin tears on same leg, orders to obtain 3 view x-ray of foot to rule out injury, (portable x-ray company) called, message to POA (Power of Attorney), (V18, R3's Physician) agreed.R3's Progress Note, dated 5/27/25 at 10:15 AM, documents the following: X-ray results received, Impression: Distal tibial fracture. Results sent to (V18) for review.R3's Progress Note, dated 5/27/25 at 10:38 AM, documents the following: Orders received from (V18) to send to ER (Emergency Room) for evaluation and treatment. Call placed to POA, made aware of orders and portable x-ray results showing distal tibial fracture.R3's Progress Note, dated 5/27/25 at 3:39 PM, documents the following: Resident returned to facility at this time from (local) ER. Was evaluated by (V19, Orthopedic Surgeon). Orders for soft splints to BLE (Bilateral Lower Extremities), (Acetaminophen or Motrin) for pain, and follow up with (V19) in 10-14 days. Dx (Diagnosis): Left distal fibula fracture, and right distal tibia fibula fracture.R3's Hospital Records, dated 5/27/25, documents, in part, the following: R3 presents with an injury to the right distal tibia, non-ambulatory, requires a full mechanical lift in the nursing home and is on comfort care. Nursing home reportedly hit her leg while using the lift recently. X-ray results showed a distal tibial fracture. She presents for further treatment. 5/27/25 - X-ray of the right ankle - mildly displaced transverse fractures through the distal tibial and fibular shafts. There is adjacent soft tissue swelling. Bones are osteopenic. X-Ray 5/27/26 - Tibia/Fibula - acute left distal fibular shaft fracture, possible acute right distal tibial shaft fracture, consider right ankle work up for further (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	workup. Impression and Plan: Left distal fibula fracture, right distal tibial/fibula fracture, soft splints to bilateral lower legs, follow up with orthopedic physician in 10-14 days. The Facility Fall Investigation Final Report, undated, documents the following, in part: Date and time of incident 5/23/25 at 8:00 PM, transfer with injury, left distal fibular shaft fracture and right distal tibial shaft fracture. After comprehensive clinical investigation, staff was transferring resident via full body lift, when resident was raising from w/c wheelchair), resident's leg noted to hit the motor of the (full mechanical lift) machine, resident lowered back into chair, repositioned then lifted back into bed. Nurse assessed, did have small abrasions noted, no signs of pain at this time. X-ray ordered when swelling and bruising noted. Orthopedic appointment scheduled. Soft splints applied. In servicing initiated, and direct supervision and teaching given to CNA that was involved.The Facility Fall Investigation, undated, documents the following: V6, Former Licensed Practical Nurse (LPN), CNAs were transferring resident with full mechanical lift, resident hit shin on machine, CNA got resident to bed and notified of new skin tears. V7, CNA, transferring resident with full mechanical lift, when raising resident up, residents' legs were crossed, how they always are, hit shin on machine because the foot board was not in place, and machine was closer than normal. They lowered her back into her chair, repositioned the wheelchair and then using the full mechanical lift, placed her in bed and notified V6,. Former LPN. The Agency Aide (Unnamed) was unreachable. In-servicing on proper transfers started. There is a picture included showing R3's legs without the foot board on, R3's right lower leg lying on top of the left lower leg due to contractures and being too close to the enclosed motor of the lift, that when the lift was raised would have caused R3's lower legs to hit the motor. On 4/1/26 at 11:05 AM, V7, CNA, stated she was the CNA that transferred R3 in May 2025, during the transfer she accidentally hit R3's shin on the lift causing a skin tear. V7 stated she reported it to V6, Former LPN, who assessed R3 and treated the skin tear. V7 stated she did not work with R3 again until 2 days later, when she noticed R3's leg was bruised and she reported it to the nurse on duty, R3 was sent to the hospital and had a fracture in her leg. V7 stated an agency CNA, unable to recall her name, was in the room with her during the transfer. V7 stated the former DON (Director of Nurses), had her show him how she transferred R3 to try and find out how it happened. On 3/31/26 at 8:15 AM, V1, Administrator, stated he was not the Administrator at the time R3's fractures occurred and was unable to provide any details of the event. On 4/2/26 at 9:10 AM, R18's Physician stated he remembers there was an incident with R3 and the full mechanical lift but is unable to recall any details. V18 stated he would expect the facility staff to position the residents accordingly to prevent accidents or injuries while utilizing the mechanical lifts.The Transfer Policy, dated 7/1/23, documents the following, in part: The purpose of the policy is to promote safe transfer for the residents, as well as the staff. Gait belts, Hoyer lifts, and/or sit to stand lifts will be used, unless otherwise specified. It is the responsibility of all nursing staff to ensure the use of safe transfer techniques when transferring a resident.